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2016 Form No. **2316**
January 2016 (EFFECTIVE)

Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld

2316-01/125575

1. For the Year (YYYY) **2022**

2. For the Period (MM/DD) **0101** To (MM/DD) **1231**

3. TIN **913-318-592-0000**

4. Employee's Name (Last, Middle, First Initial, Suffix Initial)
MANIGBAS, JOHNETTE AREVALO

5. Employer's Name (Last, Middle, First Initial, Suffix Initial)
CONCENTRIX CVG PHILIPPINES, INC.

6. Registered Address (Block, Lot, Subdiv, Unit, etc.)
Block 5 Lot 16 Unit A Mars St. Estrella Homes 2, 169, Caloocan City 1612

7. Date of Birth (MM/DD/YYYY)
10041973

8. Statutory Minimum Wage rate per day

9. Statutory Minimum Wage rate per month

10. Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax

11. Type of Employer ☒ Main Employer ☐ Secondary Employer

12. Gross Compensation Income from Present Employer (Sum of Items 25 and 26)

13. Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (Sum of Items 27 to 36)

14. Taxable Compensation Income from Present Employer (Item 12 Less Item 13)

15. Add: Taxable Compensation Income from Previous Employer, if applicable

16. Gross Taxable Compensation Income (Sum of Items 14 and 15)

17. Tax Due

18. Amount of Taxes Withheld

19. Total Amount of Taxes Withheld as adjusted (Sum of Items 18 and 19)

20. Other Taxable Compensation Income

21. Total Taxable Compensation Income (Sum of Items 16 and 20)

22. Total Tax Due (Sum of Items 17 and 21)

23. Amount of Taxes Withheld (Sum of Items 18 and 19)

24. Total Amount of Taxes Withheld as adjusted (Sum of Items 23 and 24)

25. Signature of Present Employer/Authorized Agent

26. Signature of Employee

27. Date Signed

28. Date Signed

29. Date Issued

30. Amount paid, if CTC

31. Signature of Employee

32. Signature of Employee

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